

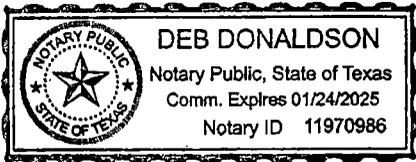
**CANDIDATE / OFFICEHOLDER
REPORT OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC
COVER SHEET PG 1**

The C/OH-UC Instruction Guide explains how to complete this form.						1 Filer ID (Ethics Commission Filers)	
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
	MR	JOE	L	Date Received RECEIVED JAN 08 2021 City Secretary's Office			
	LEMOINE	WRIGHT					
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> change of address						Receipt #	Amount \$
4 REPORT TYPE	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final Disposition					Date Processed	
5 PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Imaged
	10	28	2020	THROUGH	1	8	2021
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.					\$	
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.					\$	

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lemoine Wright, this the 28 day of January, 20 21, to certify which, witness my hand and seal of office.

Deb Donaldson Deb Donaldson Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS
EXPENDITURES**

**FORM C/OH-UC
PG 2**

8 C/OH NAME JOE LEMOINE WRIGHT		9 Filer ID (Ethics Commission Filers)
10 Date 12/18/2020	11 Payee name Grapevine Relief and Community Exchange <hr/> 12 Payee address; City; State; Zip Code P.O. Box 412, Grapevine, TX 76099	13 Amount (\$) \$115.75

14 Purpose of expenditure (See instructions regarding type of information required.) Charitable contribution <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	15 Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of expenditure (See instructions regarding type of information required.) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Is expenditure a contribution to a candidate, officeholder, or political committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED